

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILED DATE

10/533362

AFFILIANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/								51						
2		/							52						
3		/							53						
4		/							54						
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47									97						
48									98						
49									99						
50									100						
TOTAL IND.	1	↓		↓		↓			TOTAL IND.		↓		↓		↓
TOTAL DEP.	10	←		←		←			TOTAL DEP.		←		←		←
TOTAL CLAIMS	11								TOTAL CLAIMS						